

SPONSOR

I, _____, sponsor for the above applicant being duly first sworn, state that I hold Funeral Service License No. _____, that I am associated with the _____ Funeral Establishment in the city of _____ where _____ is employed and that I hereby agree to sponsor the above named applicant in his/her 12 month traineeship

I further swear that I will diligently familiarize and teach the above named applicant the art of embalming, restoration, family contact, funeral arrangement, funeral direction, and will familiarize and train him in the laws of the State of South Dakota and the Rules and Regulations of the South Dakota State Board of Funeral Service, and train him in all phases of service to families in need of funeral service and especially to coach him in ethical relationships with clientele and competing associates.

MUST BE SIGNED IN PRESENCE OF NOTARY	Applicant Signature		Date of Signature
	Subscribed and Sworn Before Me, This		Notary Public Embossed Seal or Rubber Stamp
	day of	year	
	Notary Public Signature	My Commission Expires	
	Notary Public Name (Type or Printed)		

*Note Applicant

It is your responsibility to complete and file this application. Do not depend on your sponsor. When completed, enclose with a check of \$25.00 and mail to the South Dakota State Board of Funeral Service. When accepted, the Secretary of the Board will send you a Funeral Service Trainee License that is to be hung in the operating room of your sponsor and all necessary forms and instructions. Traineeship will cease as of the date of receipt of our last regular monthly report. Your traineeship registration is for 12 months and it will be extended only upon application to the Board and by showing just cause.

This completed application, together with the appropriate application fees and any supporting documents should be submitted to:

South Dakota Board of Funeral Service
135 East Illinois, Suite 214
Spearfish, SD 57783

NOTES

For Board Use Only

Date of Application_____

\$_____Application Fee

Check Number_____

Trainee License Issued_____Trainee Number_____

Trainee Expiration Date_____

Approved for State Exam_____Date of Examination_____

\$_____Examination Fee Check Number_____

State Exam Results PASS or FAIL SCORE_____

Application For A Trainee License In Funeral Service

Presented To

**The South Dakota
State Board of Funeral Service
135 East Illinois, Suite 214
Spearfish, SD 57783
(605) 642-1600**

**Current
Photo Of Applicant**

Name of Applicant:_____SS No._____
(social security number's use is intended for purposes of identification related to
licensure issues, discipline, and other board related issues)

Rules And Regulations Governing Licenses

Any person desiring to become a licensed trainee in the practice of funeral service in South Dakota must first obtain a license application blank from the state board. The application blank, properly filled out and accompanied by an application fee \$25.00 (see SDCL 36-19), shall be filed with the secretary prior to the date traineeship begins. A recent photograph of the applicant must be attached for identification purposes. All traineeships begin on the first of the month and must be a complete month.

In order to qualify for license, the applicant must be a citizen of the United States, be at least 18 years of age, and must be of good moral character.

PLEASE PRINT OR TYPE

IDENTIFICATION

Date _____

1. Full Name of Applicant _____
Last First Middle Maiden

2. Address _____
Mailing City State Zip

Home Phone No. (_____) _____

3. Place of Birth _____ Date of Birth _____

4. Are you a citizen of the United States? _____

Please Check (+) either yes or no for each question in the appropriate section below.
(All applicants must complete)

	Yes	No
5. Have you ever had a funeral service trainee license or a funeral service license suspended, placed on probation, or otherwise disciplined in South Dakota or any other state? If yes, explain here or attach a separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>

6. Are there any complaints currently pending against you as a funeral service licensee in South Dakota or in any other state? If yes, explain here or attach separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>
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7. Have you been convicted or found guilty of any criminal offense other than traffic violations? If yes, explain here or attach a separate sheet to include the offense convicted of, date of conviction, court convicted in, and a copy of the conviction.	<input type="checkbox"/>	<input type="checkbox"/>
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7a. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
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7b. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support?	<input type="checkbox"/>	<input type="checkbox"/>
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8. Sponsor's name: _____ License # _____

Establishments Name: _____ License # _____

Address _____
Mailing City State Zip

Business Phone No. (_____) _____

9. Name and Location of High School of Graduation _____ Year _____
Furnish certified transcript direct from the High School to the board.

Have you ever been previously licensed as a funeral service trainee in South Dakota Yes _____ No _____

Previous Trainee License # _____ Location _____

Name of sponsor _____ Trainee period from _____ to _____

For the board to better serve you in your pursuit of a funeral service license, would you please answer the following questions? If you do not wish to do so, this will by no means affect your acceptance as a funeral service trainee.

Have you begun your college course work to complete the 60 semester hours of credit required in addition to accredited one year's course at a school of embalming? ☐ Yes ☐ No

Have you completed your 60 hours of college course work? ☐ Yes ☐ No

Have you begun your courses from embalming college? ☐ Yes ☐ No

Have you obtained your degree from embalming college? ☐ Yes ☐ No

Are you seeking a Bachelor's degree in Mortuary Science? ☐ Yes ☐ No

Have you taken and passed the national examination administered by the Conference of Funeral Service Examining Board? ☐ Yes ☐ No

AFFIDAVIT

TRAINEE

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota State Board of Funeral Service for the verification of the information I have disclosed in this application.

I will not hold myself out as a state licensed funeral service trainee until the license authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statement are true and correct.

I further swear that it is my intent, if accepted as a trainee, to diligently pursue Funeral Service Education until I ultimately become a Funeral Service Licensee in the State of South Dakota, that i will read and become familiar with and obey the laws of the State of South Dakota, the Rules and Regulations of the South Dakota State Board of Funeral Service, abide with the terms of this Traineeship, file monthly report cards as they are due and notify the Secretary immediately of any change of employment, training status, or address.

MUST BE SIGNED IN PRESENCE OF NOTARY	Applicant Signature		Date of Signature
	Subscribed and Sworn Before Me, This		Notary Public Embossed Seal or Rubber Stamp
	day of	year	
	Notary Public Signature	My Commission Expires	
	Notary Public Name (Type or Printed)		